

**UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS
EASTERN DIVISION**

In re:

MARVIN D MAXEY

Debtor(s)

Case No. 15-00180

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 01/05/2015.
- 2) The plan was confirmed on 04/06/2015.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 08/05/2015, 06/07/2016, 06/06/2017.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was dismissed on 01/22/2018.
- 6) Number of months from filing to last payment: 35.
- 7) Number of months case was pending: 38.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$2,567.00
Less amount refunded to debtor \$0.00

NET RECEIPTS: \$2,567.00

Expenses of Administration:

Attorney's Fees Paid Through the Plan \$1,500.00
Court Costs \$0.00
Trustee Expenses & Compensation \$107.95
Other \$0.00

TOTAL EXPENSES OF ADMINISTRATION: \$1,607.95

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADVOCATE HOME CARE PRODUCTS	Unsecured	565.00	NA	NA	0.00	0.00
ADVOCATE HOME CARE PRODUCTS	Unsecured	215.00	NA	NA	0.00	0.00
ADVOCATE ILLINOIS MASONIC	Unsecured	3,410.00	NA	NA	0.00	0.00
ADVOCATE ILLINOIS MASONIC	Unsecured	0.00	NA	NA	0.00	0.00
ADVOCATE ILLINOIS MASONIC	Unsecured	0.00	NA	NA	0.00	0.00
AMCA COLLECTION AGENCY	Unsecured	115.85	NA	NA	0.00	0.00
ARROW FINANCIAL SERVICES LLC	Unsecured	880.14	NA	NA	0.00	0.00
CAPITAL MANAGEMENT SERVICES	Unsecured	8,207.11	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	834.00	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	2,280.75	NA	NA	0.00	0.00
CENTRAL DUPAGE HOSPITAL	Unsecured	0.00	NA	NA	0.00	0.00
CERTIFIED SERVICES INC	Unsecured	3,410.00	NA	NA	0.00	0.00
CERTIFIED SERVICES INC	Unsecured	1,760.00	NA	NA	0.00	0.00
CHICAGO ANESTHESIA ASSOS	Unsecured	3,410.00	5,170.00	5,170.00	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	4,322.40	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENUE	Unsecured	4,322.40	4,470.00	4,470.00	0.00	0.00
IL DEPT OF REVENUE	Priority	513.82	0.00	0.00	0.00	0.00
IL DEPT OF REVENUE	Unsecured	NA	557.36	557.36	0.00	0.00
IL STATE DISBURSEMENT UNIT	Priority	NA	13,462.81	13,462.81	959.05	0.00
JH STROGER HOSP OF COOK COUNT	Unsecured	203.00	NA	NA	0.00	0.00
JH STROGER JR HOSPITAL	Unsecured	734.00	NA	NA	0.00	0.00
KHAN MD	Unsecured	232.00	NA	NA	0.00	0.00
MONTROSE CLINIC	Unsecured	232.00	NA	NA	0.00	0.00
PERSONAL CONFIDENTIAL	Unsecured	232.00	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	115.00	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	86.40	NA	NA	0.00	0.00
Quest Diagnostics	Unsecured	115.85	NA	NA	0.00	0.00
SAFIYA HICKMAN	Priority	6,980.00	NA	NA	0.00	0.00
SPECIALTY HEALTH CARE	Unsecured	4,250.00	NA	NA	0.00	0.00
SPECIALTY HEALTH CARE	Unsecured	300.00	NA	NA	0.00	0.00
US Cellular	Unsecured	0.00	NA	NA	0.00	0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
US Cellular	Unsecured	0.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	78.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	43.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	42.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	0.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	0.00	NA	NA	0.00	0.00
WELLINGTON RADI	Unsecured	0.00	NA	NA	0.00	0.00
WFFINANCE	Unsecured	0.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:

	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$0.00	\$0.00	\$0.00
Priority Unsecured Payments:			
Domestic Support Arrearage	\$13,462.81	\$959.05	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$13,462.81	\$959.05	\$0.00
GENERAL UNSECURED PAYMENTS:	\$10,197.36	\$0.00	\$0.00

Disbursements:

Expenses of Administration	<u>\$1,607.95</u>	
Disbursements to Creditors	<u>\$959.05</u>	
TOTAL DISBURSEMENTS :		<u>\$2,567.00</u>

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 02/23/2018

By: /s/ Tom Vaughn

Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.